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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ____ JULIANA'S PAINTING CORP DOCUMENT NUMBER: P19000051743 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Estela Bruno Name of Contact Person Firm/ Company 800 NW 112TH ST Address MIAMI City/ State and Zip Code julianalvarezri@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 405-2054

Area Code & Daytime Telephone Number Juliana Alvarez Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee **\$35** Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

to

JULIANA'S PAINTING CORP

B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) BOCA RA C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 501 N OC	it Corporation adopts the fo	The new reviation "Corp"
(Document Number of Corporation Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit its Articles of Incorporation: A. If amending name, enter the new name of the corporation: n/a name must be distinguishable and contain the word "corporation," "company," or "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) BOCA RA C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	it Corporation adopts the formation incorporated or the abbit corporation name must	The new reviation "Corp.,"
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D. If amending the registered agent and/or registered office address in Florid new registered agent and/or the new registered office address: Name of New Registered Agent N/A	ia, enter the name of the	
(Florida street address)		
New Registered Office Address:	, Florida_	***************************************
(City)		(Zip Code)

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe. PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> <u>Jo</u>	hn Doe			
\underline{X} Remove	<u>V</u> <u>M</u>	ike Jones			
X Add	<u>SV</u> <u>Sa</u>	ally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
1) Change		NIA		NIA	· · · · · · · · · · · · · · · · · · ·
Add					
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Remove 3) Change		 			• ਯ
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5) Change			<u>.</u>		
Add					-
Remove					
6) Change			<u> </u>		
Add					
Remove					

Attach additional sheets, if necessary). (Be specific)	
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If an amendment provides for an exchange, reclassification, or cancellation	on of issued shares,
provisions for implementing the amendment if not contained in the amendment (if not applicable, indicate N/A)	nament itself:
1	

	(s) adoption:	, if other than the
date this document was signed	- 06/18/2019	
Effective date if applicable:	00/18/2019	
	(no more than 90 days after amendment file date)	- ·
	this block does not meet the applicable statutory filing requirements, this does not meet the applicable statutory filing requirements, this does not meet the applicable statutory filing requirements, this does not meet the applicable statutory filing requirements, this does not meet the applicable statutory filing requirements, this does not meet the applicable statutory filing requirements, this does not meet the applicable statutory filing requirements.	late will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer action was not required.	re adopted by the incorporators, or board of directors without shareholder act	tion and shareholder
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes east for the amendmenter sufficient for approval.	
☐ The amendment(s) was/wei must be separately provide	re approved by the shareholders through voting groups. The following statend for each voting group entitled to vote separately on the amendment(s):	2002 11h 2 - 9
"The number of votes	cast for the amendment(s) was/were sufficient for approval	-9
by	"	PH
	(voting group)	
		
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Dated	<u> </u>	•
se	Alvaraz A director, president or other office – if directors or officers have not been dected, by an incorporator – if in the hands of a receiver, trustee, or other com- pointed fiduciary by that fiduciary)	n urt
	Juliana Alvarez	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	